

Approved for Release 2006/05/25 : CIA-RDP81B00879R000900040031-9
JPHG VOUCHER FOR PURCHASES A
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. _____ U. S. Government

(Department, bureau, or establishment)

Voucher prepared at Rochester, New York October 29, 1959
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. Z-1893-U. S.

To Eastman Kodak Company

(Payee)

343 State Street

Rochester 4, New York

(Address)

(City)

(State)

PAID BY

Cash #1
998-7636-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
	9/7/59 through 10/4/59	Direct Charges				\$ 2,842.00	
		1959 Provisional G & A Expense				144.94	
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							
				Total		\$ 2,986.94	

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

(Sign original only)

Date Oct. 29, 1959 Eastman Kodak Company

(Not required when a like certificate is made by payee on attached bill or bills)

0 Division

Title Comptroller

Amount verified; correct for _____

(Signature or initials) _____

\$ 2,986.94

25X1A

Contract No. INC-143 (Z-1893)

Date 7/11/57 Req. No. _____

Date _____

Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ 65.41 82.4 5 NOV _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate bill, or the name of the person who signs the bill, must be written in the space provided.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.
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Title _____

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Services Other Than Personal

CONTINUATION SHEET

U. S. Government Sheet No. 1 of Bureau Voucher No. 25
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per		
	9/7/59 through 10/4/59	<u>Direct Charges</u>					
		<u>Material-Not subject to Material Handling Expense</u>					
		Purchases - Cost Type		\$2,842.00			
		Total Direct Charges				\$ 2,842.00	✓
		<u>1959 Provisional G & A Expense</u>					
		5.1% of Manufacturing Cost (\$2,842.00)				144.94	✓
						\$ 2,986.94	✓